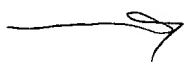


DO/E0 BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 380165	RECEIPT DATE:	08 / 26 / 99
IA NUMBER:	PCT/ DE97 / 02611	IA FILING DATE:	11 / 08 / 97
FAMILY NAME:	MADER	DELAY WAIVED (Y/N):	N
GIVEN NAME:	THOMAS	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	03 / 03 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	765	COUNTRY:	DEX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	
		FAX	
NAME:	STRIKER STRIKER & STENBY		
STREET:	103 EAST NECK ROAD		
CITY:	HUNTINGTON		
STATE/COUNTRY:	NY	ZIP:	11743
EMAIL:			
APPLICATION TITLES:			
RADIO APPARATUS			

TAB TO LAST POSITION, PUSH SEND